

AWG SYNERGY CARD APPLICATION & CONSENT FORM for UC ALUMNI & STUDENTS

Name: (Family) (First) (Middle Initial) ID NUMBER :

(As shown in the Official Transcript of Records for the Alumni)

Address: Mobile/Tel No.:

Date of Birth: Age: Gender: Status:

(Month/Day/Year)

Course /Degree Campus Alumni: Year Graduated Student: S.Y. Currently Enrolled

APPLICATION PROCESS:

- Download and fill-out the AWG Synergy Card Application form.
- Present completed AWG application form to the respective UC campus registrar's office for verification (attach a copy of your alumni ID/student ID for reference).
- Present verified application form to UCMed Marketing office.
- Payment and issuance of the AWG Synergy Card will be done in UCMed.

Applicant's Printed Name & Signature

Date

Approved by: _____

Registrar's Printed Name & Signature/ Date



For inquiries, please call: 517.0888 local 5800

UCMed Marketing Department (Look for Cai)
UNIVERSITY OF CEBU MEDICAL CENTER
Ouano Ave., North Reclamation Area, Mandaue City